

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90008 015 \*\*\*158.75

**DOCUMENT # P01000094750**

1. Entity Name  
**PADDED CELL, INC.**

Principal Place of Business

**3550 POMONA LANE  
 COCONUT GROVE FL 33131**

Mailing Address

**3550 POMONA LANE  
 COCONUT GROVE FL 33131**

**871136**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3550 POMONA LANE**

Suite, Apt. #, etc.

**N/A.**

3. Mailing Address

**3550 POMONA LANE**

Suite, Apt. #, etc.

**N/A.**

City & State

**COCONUT GROVE, FL**

City & State

**COCONUT GROVE, FL**

4. FEL Number

**65-1142628**

Applied For

Not Applicable

Zip

**33133**

Country

**USA**

Zip

**33133**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CAMERON, BYRON L**

**3550 POMONA LANE**

**COCONUT GROVE FL 33131**

7. Name and Address of New Registered Agent

Name

**BYRON L. CAMERON**

Street Address (P.O. Box Number is Not Acceptable)

**3550 POMONA LANE**

City

**COCONUT GROVE**

FL

Zip Code

**33133**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Byron L. Cameron**

(NOTE: Registered Agent signature required when reinstating)

**09/04/02**

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

**FILE NOW!!! FEE IS \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **CAMERON, BYRON L**  
 STREET ADDRESS **3550 POMONA LANE**  
 CITY-ST-ZIP **COCONUT GROVE FL 33131**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
 NAME **SECRETARY CHRISTIAN, SANDRA L.**  
 STREET ADDRESS **3550 POMONA LANE**  
 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Byron L. Cameron**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**09/04/02**

Date

**305-461-5680**

Daytime Phone #

CR2E034 (4/02)

Attachment 871136



3550 Pomona Lane  
Coconut Grove, FL 33133

A  
MEDIA  
SOLUTION  
COMPANY

305-461-5493  
Fax 305-461-5680

BY CERTIFIED MAIL

September 4, 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: ~~PADDED CELL, INC. - 2002 Uniform Business Report~~  
Document #P01000094750

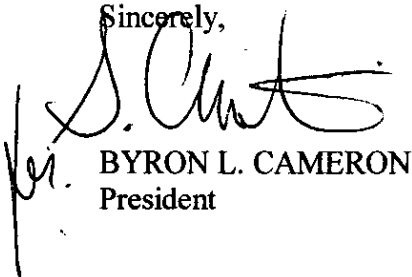
Please find enclosed the 2002 Uniform Business Report duly completed and signed for your handling.

I wish to advise that Padded Cell, Inc. did not receive the prior notice. Upon checking our UBR, we note that the zip code is printed incorrectly. I have corrected the address on the form.

Under the circumstances, I ask that the late fee be waived. I have enclosed our check in the amount of \$158.75, which includes the amount required by your office for a Certificate of Status.

Please do not hesitate to call me if you have any questions – 305-461-5680.

Sincerely,

  
BYRON L. CAMERON  
President